

P060000029935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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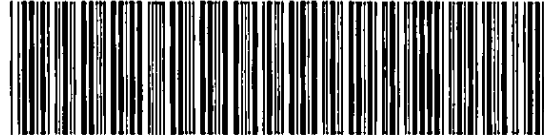
(Business Entity Name)

(Document Number)

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O/D-Resign

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TALLASSEE FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Brush Above, inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000029935

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas E. Bernini
(Name of Person)

A Brush Above, Inc.
(Name of Firm/Company)

5903 Balsam Dr.
(Address)

Fort Pierce , FL 34982
(City/State and Zip Code)

For further information concerning this matter, please call:

BERNINI, THOMAS E at (772) 359-1178
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

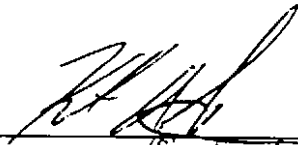
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Keith A. Sorvillo, hereby resign as President
(Title)

of A Brush Above, Inc.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
P06000029935 FL

 6-26-17
(Signature of resigning officer/director)

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TALLAHASSEE FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314